

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

04144 399

FILING DATE

8/23/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
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6		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	15					
TOTAL CLAIMS	19					

TOTAL
IND.

1

TOTAL
DEP.

1

TOTAL
CLAIMS

1